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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· M		14924	CERTIFICATE	OF DEATH		4927
equires that the death certificate be executed within 24 hours ofter death physician. signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages 1 and burial, cremation, ar removal, and in any event, within 72 hours ofter death		a. COUNTY Worces.	MARYLAND	a. STATE Md.	eased lived, if institution: Residence b. COUNTY	orcester
ours ofter by the f Poges ours ofte		b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town	c. LENGTH OF STAY IN 1b c.	CITY OR TOWN (If autside carp	orate limits, write RURAL and give	nearest town)
n 24 ho illed in papers. nin 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in h. 410 Coving to	CT.	410 Covin	aton St.	e. IS RESIDENCE ON A FARM? YES NO
ed withi		NAME OF DECEASED (Type or print) Haffie	Ellen B	eckett 4. DAT OF DEA	TH Oct.	Day Year 66
execute and comp emove any eve	1	Comale Negro WI	ARRIED NEVER MARRIED 8. C	pt. 8, 1880	86 Yrs.	Days Hours Min.
	dur	. USUAL OCCUPATION Give kind of Lork done ing most of vorking life, even if regreg	INDUSTRY	BIRTHPLACE (County & State, a		NTRY? U.S.A.
low requires that the death certificate adding physician. been signed by the attending physicial street burial-transit permit. Then pleasior to burial, cremotion, ar removol, onc		WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. INFC	Maria A	nderson Address	ZZn-H
e death attendii on, ar re	(Y	es, no or Inknown) (If yes give war ar dates af servi	\$20.52-800 Del	la Johnson	410 Covington	Snow Hill ME
that th an. by the ransit p		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3.3 / X DUE TO	CV	A		ONSET AND DEATH
equires th physician signed by buriol-tra burial, cre		Conditions, if ony, which gave (b)	Gen	eralized (gelenoschrosin	yeass
pr a		stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
or or u	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Ente	ar nature of injury in Part I ar	Part II of itom 19)	PERFORMED? YES NO
S PHYSICIAN: The hospital or this certificate detached for use Dept. of Health		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
NG PH y the Period to the Philosopher this after the period to the Philosopher	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19	While at work factory,	F INJURY (Home, farm, street, office bldg., etc.)		
OR ATTENDING be retained by the iRECTOR: After a 3 should be de ad with the State		21. I certify that (I) (this haspital) saw the deceased alive on		eath occurred at 100	M, from causes and on the	
		22a. SIGNATURE Dand	Kepr M.D.	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF 22b. DAT	117/66
FRA ma	22	NAME (Type)	24FAT		Snow Hill	Ma,
TO HOSP Poge 4 r TO FUNER director, should I	230	BURIAL, (REMATION 23b. DATE THEREOF REMOVAL (Specify) 20 - 2.7. FUNERAL DIRECTOR	- BH Johnson Nec	Cen. Fa	scamake h	or. Md.
VR A15 (4) 20 M 1/60	D	January Sa	Lew Church	1/6	O 4000 AM	MAIONE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14928

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a, STATE b, COUNTY	sidence before admission)
WORCESTER MARYLAND	MARYLAND WORD	SESTER.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (I) outside corporate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
BERY Y NURSING HOME		ON A FARM? YES NO A
3. NAME OF FIRST MIDDLE	Last 4. DATE Month	Day Year
(Type or print) X ARDECAI	AYIS DEATH UCT.	2! 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	7-1-27-1-3	YEAR IF UNDER 24 HRS.
M NIDOWED DIVORCED □ [VEC, 28, 18/1 94 yrs.	
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	COL	TIZEN OF WHAT UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1517.
13. FAIRER S NAME	14. MUTHER'S MAIDEN NAME	- 1
CHARLES H. UAYIS.	EMMA NVIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address	R - 0 . M .
- 1 - 136	ERLIN NURSING HOME	1725-ALA 11D
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chrange n	ryscardita	
260 X DUE TO CO AA		7 weeks
Conditions, If any, which (b) Drobetts M	relitar	
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c) — Muji	erele	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCUPY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 2Df. (City or town) (Coun	nty) (State)
Hour a.m. p.m. 19 While Not While factor at work at work	ry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from \$\sqrt{2}\$		
saw the deceased alive on Coar 21- 1966, and that	death occurred at 2. M, from the causes and on the	e date stated above.
22a. SIGNATURE		TE SIGNED
Chas R. Law M.D.		24-66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
REMOVAL (Specify) 10 24/66 PORTERY	CILLE STOCK FON	N 2
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Anne A Burbage Berlin Y	nd DATE OCT 25 1966 John	eles Judge
Y		-4-4-

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATIS	TICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND 2	21201
	14926	CERTIFICATE	OF DEATH	14929
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Resi	dence befare admission)
	b. CITY OR TOWN (If outside corporate limit write RURAL/and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corparate limits, write RURAL and	give nearest tawn)
1	d. NAME OF HOSPITAL OR INSTITUTION (If no	at in haspital, give street address)	d. STREET ADDRESS RPD	e. IS RESIDENCE ON A FARM? YES NO
	DECEASED (Type or print)	IAM HIDON	A VCAV DATE Month OF DEATH OCT	Day Year 8 1966
S.	SEX 6. COLOR OR RACE	WIDOWED DIVORCED	Jan 16, 1887 79 yrs. Month	
	a. USUAL OCCUPATION (Give kind of work done wring mass of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar foreign country) 12. 12.	COUNTRY?
13	PETER L DO	NAMAN	14. MOTHER'S MAIDEN NAME MARIA JANE TIMNIO	NS
	(If yes give was or dates (If yes give was or dates)		OFFICE LAS L. BOWDEN No	SWARK ME
	1B. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Que ai	nome of	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if ony, which gave rise to immediate cause (a),	(b)	Gall Bludder	8 mo.
	stoting the underlying couse last.	(c)	è wide spread metaste	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (E	Enter noture of injury in Part I ar Part II of item 1B.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	Caunty) (Stote)
	21. I certify that (I) (this has saw the deceased alive on_	spital) attended the deceased from	death accurred at $2PM$, fram causes and on	
	22a. SIGNATURE David	Rep Y MD.	ATTENDING MED. STAFF DIRECTOR PHYS.	DATE SIGNED 10-11-66
	22c. PHYSICIAN'S NAME (Type)	10 RAFAT	22d. ADDRESS Snow thil mu	,
23	a. BURIAL, CREMATION, 23b. DATE TH		REMATORY 23d. LOCATION (City or Town)	(County) (Stote)

ADDRESS

2Sa.

RECID BY REGISTRAR

REGISTRATES SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after death/ VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

FUNERAL DIRECTOR

CILL OF PERSONS OF PLANS OF SAME The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH [tems funeral should, within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution) Residence before admission) . COUNTY b. COUNTY 22 death. MARYLAND and CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CALENGTH OF STAY IN 16 þ filled in Pages 1 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO papers. n 72 hou completely executed 3. NAME OF 4. DATE First Dey Last Month Year DECEASED OF event within (Type or print) DEATH 19 COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years | IF UNDER' 1 YEAR IF UNDER 24 HRS. 6. and last birthdey) Months Deys Hours 1881 WIDOWED | BIVORCED T certificate physician remove 10. USUAL OCCUPATION (Give king of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any please 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14 = attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES Then SOCIAL SECURITY NO. | 17. INFORMANT Address oval (Yes, no, or unkown) | (Ifyes give wer or detes of service) requires that the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH has been signed by 0 PART I. DEATH WAS CAUSED BY: 250 IMMEDIATE CAUSE (e) cremation, the burial-transit DUE TO attending Conditions, if eny, which geve rise to immediate cause The DUE TO burial (a), steting the undarlying Dis wase cause last. (c) ö PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate CERTIFICATION the hospital 95 0 PERFORMED? YES NO Z use prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING | Po OR CONTRIBUTING | CAUSE OF DEATH DIRECTOR: After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached be retained by 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (State) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. State Dept. pe (1) (we) last to..... plnous19. Loc and that death occurred at O. I.M., from the causes and on the date stated above. saw the deceased alive on may DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. HOSPITAL FUNERAL page with t Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 238 BURIAL, CREMATION, | 236. DATE THER OF 28c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REGISTRAR'S SI 25b 25e. REC'D BY REGISTRAR FUNERAL DIRECTOR SIGNATUR ADDRESS VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH funeral and 2 death and 1. PLACE DF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY ges 1 after Worcester Maryland the **MARYLAND** b. CITY OR TOWN (if outside corporate limits, write RURAL and glvp nearest town)
POCOMOKE City c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page rs. Pag Pocomoke City .⊑ vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled papers in 72 d. STREET ADDRESS within 700 Clarke Avenue Clarke Avenue completely carbon NAME DE First DATE Month Middle Last DECEASED event, EDWIN LEE ELLIS (Type or print) DEATH October 6. COLOR OR RACE and con DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | any Male White Nov. WIDOWED DIVORCED 1902 6 and in 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR ACCOMACK County & State, or foreign country) attending physician rmit. Then please pe during most of working life, even if retired) INDUSTRY Salesman Food Products Virginia certificate 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME Levi H. Ellis Maggie Lindsay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN the attenit 50 (Yes, no, or unkown) (If yes give war or dates of service)
Yes W. W. 2 cremation, Mrs Myrtle Ellis. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by urial-transit PART I. DEATH WAS CAUSED 8Y: retained by the hospital or attending physician. IMMEDIATE CAUSE (a been signed the burial-tr or to burial, c DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION for use Health certificate PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING t. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. at work at work OIRECTOR: Jage 3 should lied with the the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE MED. DIRECTOR ATTENDING PHYS. M.D. Page 4 may TO FUNERAL director, p

City, Pocomoke INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 4 YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) (County) (State) and that death occurred at from the causes and on the date stated above. 22b. DATE SIGNED PHYS IC AN'S 22c. 22d. ADDRESS NAME (Type) Trader M.D. 302 Markekt St., Pocomoke City, Md BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR OREMATORY 23d. LOCATION (City, town or county) (State) 2-1966 Salem Methodist Pocomoke City, Maryland **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Pocomoke City. Md . DATE [] Watson

Worcester

Day

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12. CITIZEN OF WHAT

COUNTRY?

U.S

e. IS RESIDENCE

Year

Hours

ON A FARM?

NO.K

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VR A15 (4) 20M

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FOR STA HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14932

1	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1		a. COUNTY	a. STATE 11 b. COUNTY () 2 P
1	_	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
П		write RUFAL and give nearest (own)	C. OTT ON TOWN (II) Outside College ate IIIIIII S, WITCE ROWNE and give inductor comp
н		RUPAL BORIIN NIFETIME	ILURAL BERION MC 23.1
J	10	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS STATE OF B. IS RESIDENCE ON A FARM?
7	-	Poute 589-Near home	RACE TRACK Rd. 589 YES NO D
F	3.	NAME OF First Middle	Last 4. DATE Month Day Year
		OECEASED (Type or print) Howard toward +	10 DEATH OF 29 1966
Ī	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
		WIDOWED DIVORCED	7/14/95 last birthday) Months Days Hours Min.
ľ	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	dur	ing most of working life, even it-retired) INDUSTRY CHOOF THINK	BEOLIN MB COUNTRY
1	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	20.	NATHAN HALL	KATE FIBBC
ŀ	15.		INFORMANT Address Address
1	(Ye	s, no, or unkown) (If yes give war or dates of service)	II MILLEN MILLER
		215-36-2110 1	R. HOWARD N. HALL MILLERSYILLE
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ORONANY OCCL	USION HOUTE LUXANT.
		4201 DUE TO 1	
		Conditions, If any, which \ (b) \ \ COD \ \ CO, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CORONARY Scherosis 5403RS.
		gave rise to immediate	1
		cause (a), stating the DUE TO	
	-	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	5	1.1	PERFORMED?
7	CAI	None	YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	Ä	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAG	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While factor	ry, street, office bldg., etc.)
	ME	p.m. 19 at work at work	
	-	21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection Inquiry , and in my opinion
		death resulted from: Natural causes 📈 Accident 🗍, Sui	cide, Homicide, Undetermined manner
			CHIEF MEDICAL EXAMINER
	2	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	И		DEPUTY MEDICAL EXAMINER DA DOF 29,66
2		NAME (Type) + J OWN SEND DR	Address (Street, che), they are Country M
	23a		OR-GREMATORY 23d. LOCATION (City, town or county) (State)
		GREMOVAL (Specify) 11 1 LL EVERGE	EFN BEHLIN MD
	24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5		Draw A. Burbone R. C.	My NOV 2 1966 Scharley Judge

VR A15ME 3500 4-64

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TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

DEUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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FOR STATE-HEALTH DEPT. y deloy is necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

TATE	VI		14930 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	14933
DEP			PLACE OF DEATH o. COUNTY Worcester MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resino. STATE b. COUNTY Maryland Wor c. CITY OR TOWN (If outside corporate limits, write RURAL and	cester
with the Stote Deportment of	arrer a		write RURAL and give neorest towal) Rural Newark d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	Rural Snow Hill	23./
tote De	nours		Route #113 NAME OF First Middle	Lost 4. DATE Month	ON A FARM? YES NO Doy Year
with the S	7/ uiu		DECEASED (Type or print) ERIC	HILL OF DEATH October	
d2 wit	IIW III		Male Negro WIDOWED DIVORCED	Mar. 15, 1904 62 yrs. Months	
File pages 1 and 2	dny event	duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Laborer FATHER'S NAME		COUNTRY? U.S.A.
(1)	L OUG		Charlie Hill	Unknown	
ermit			is, no, or unknown) (If yes give war or dates of service) 237-28-5823 M;	R.F.D. #Addesss aria Hill, Snow Hill, Ma	ryland
ronsit p	burial, cremation, or removal,	/	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erana P	ONSET AND DEATH
burial-t	marion,		Conditions, if ony, which gove rise to immediate couse (o),	pinal cord at	Immedente
l os a	iai, crei		last. DUE TO (c)	Cervical 6	19. WAS AUTOPSY
be used		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		PERFORMED? YES NO
es. hould	, prior	AL CERTIF	PRIMARY, SO or CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Port I or Port II of item 18.)	
your fill	03eu	MEDICAL	Should be be seen at work 19 Co While of work of at work of the seen at work of the se	ory, street, office bldg., etc.)	County) (Stote)
CTOR: P	ignare		21. I certify that I taak charge af the remains described abave, he death resulted fram: Natural causes , Accident , Suic	ide 🔲, Hamicide 🔲, Undetermined manner	, and in my apinian
retoined L DIRECT	IIS des		ACTUAL SIGNATURE David Lapt	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit	reduin of its designated agent, prior to	00		DEPUTY MEDICAL EXAMINER (Street, With the party)	0-5-66
201	E G		PEMOVAL (Specifical	23d. LOCATION (City or Town) thodist Snow Hill M 250. REC'D BY REGISTRAR 256. REGISTRAR	(County) (Stote)
A15ME (03	2	Snow Hill. Md.	DATE OCT 1 C 1956 Yelly	reles Judge

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence a. COUNTY b. COUNTY Page director. Page O MARYLAND for your files Department death. b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? after retained State YES A NO 3. NAME OF First Middle Last 4. DATE Dey Month hours DECEASED OF 19 66 3 to the the IRA LEVIN JONES October (Type or print) DEATH with 72 h 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 1, 2, and 3 ige 5 may band 2 with 72 last birthday) Months MALE WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page Give Pages 1, 2 done during most of working life, even if retired) pages 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORM 15. WAS DECEASED EVER IN U.S. ARMED FORGE in Item 18. (Yes, no, or unkown) | (If yes give wesor dates of service) office along with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), burial-transit PART L DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gave rise to Immediate cause Ø **DUE TO** (e), stating the undarlying Medical Examiner as cremat pesn PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION burial writing the word were the Chief Medical Ex Page 3 should be unit, prior to burial, Pe PERFORMED? NO TI ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS 20b. PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EXAMINER: Page 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While agent, ute the certificate, wire the forwarded to the CAL DIRECTOR: Pa at work 1 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry * and in my opinion DICAL designated Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL lease execute t ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER TXX 10-10-66 O DEPUTY ò 104 Bay Street and Snaw, Hill, Maryland David Rafat, M. D., NAME (Type) 4 should O FUN Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY MOCATION (City, town, or county) (State) MOVAL (Specify) FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR

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/	FOR S	STATE	B		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14932 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
D	HEALTH			1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
		٠, ب	7		a. COUNTY WICOMICO MARYLAND B. STATE D. COUNTY WICOMICO
	ssary, ineral	tmen			b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)
	he fu	Department after death.		1	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	lay is necessary, 13 to the funeral Page 5 may be	State D hours at	10		- Libery from thed. 323 Poplar Hill Ave yes NOW
	w =	e Sta	-	3.	NAME DF First Middle Last 4. DATE Month Day Year DECEASED
	PA, 2ny	th the in 72		5	(Type or print) HOSIE LOUIS LONG DEATH ()CT. 28 1966
	r death. If we Pages 1	2 with within		٥.	SEX O. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Min.
	deat Pag	Land :		10a	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT ODUNGRY?
	500	Tak	1	16	PACTOR DER TIM DER CLAIRME
	4 hours after Item 18. G Iffice along	-6-		13	
		File		15.	WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
ACT.	hin Sir's	permit. I removal,		1	185 A4-32-33/2 Dalde Jurilley Lonex
	uted within 2" In pencil in Examiner's (rem		f	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	ld be executed within 2 "pending" In pencil in f Medical Examiner's C	burial-transit cremation, or			9/2. Summediate cause (a) Due to the property of the property
18	e exe endin	rial-tr natio			Conditions, If any, which (b) alle St To Tal uniful attent of
	should be word "per Chief Mec	a bui			gave rise to immediate cause (a), stating the DUE TD Off at his with swelled divoral aftery over.
	icate should the word ' the Chief	used as a to burial, c		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ficate the the	used to b	0	ICATI	YES NO
	L EXAMINER: This certificate he certificate, writing the should be forwarded to the	ld be prior		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY IN CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) Driving & loading tractor on trailer - turned over cause of Death.
	This e, wi	3 should bagent, price			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	NER: fication	- ag 3	23	MEDICAL	1 p.m. Oct 28 1966 at work at work Upods nr Berlin Worcester Md.
	Certi uld	R: Pag ignate		7	21. I certify that I took charge of the remains described above, held an Autopsy, inspection, inquiry, and in my opinion
	ET	des			death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
		\$ 50 C			ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
	exec	RAL Ith o	2		EXAMINER'S F TOWNSEND JR DEPUTY MEDICAL EXAMINER RANGE (Type) Address (Street, city, town, or county) See on Cuty, N
	fo DEPUTY MEDI please execute director. Page	FUNERAL DI FUNERAL DI if Health or i	×	23a	BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION CIty, town or county), ((State)
	2 图 图	10 Te	9	U	ADDRESS WELSON SEGISTRAN 25b. REGISTRAN 25b. REGISTRAN SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY 24 hours after attending physician and completely filled in by the frmit. Then please remove carbon papers. Pages 1, or removal, and in any event, within 72 hours after Maryland Worcester Worcester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Life Pocomoke City Pocomoke City d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Street Cedar Cedar Street NO Z YES executed within NAME OF 3. First Middle DATE Month Day Year Last DECEASED LOUISE MATTHEWS October (Type or print) L DEATH 19 66 6. COLOR OR RACE AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 8. 9. 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country)
Somerset County, 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR that the death certificate be INDUSTRY Housewife U.S.A. Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME Lankford Elizabeth Morris Arthur W. the attendit Address comoke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) been signed by the atters the burial-transit permit of the burial, cremation, or Ellwood Matthews. Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to DUE TO cause (a), stating underlying cause last (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) be detacher State Dept. MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While by at work at work be retained 19 6 that (I) (we) last 21. I certify that (I) (this hospital)-attended the deceased from 1966 saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. 11-1-1966 DIRECTOR M.D. Page 4 may ! 22d. ADDRESS director, p 22c. PHYSICIAN'S NAME (Type) Sartorius, Sr. Pocomoke City. Maryland 23c. NAME OF CEMETERY OR CREMADORY X 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF -2-1966 Presbyterian Pocomoke City REGISTRAR'S SIGNA ADDRESS REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR 25a. 1966 VR A15 (4) Pocomoke DATE 15M 4-64

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) P Ocean ears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Herrin 3. NAME OF 4 DATE Middle DECEASED Elizabe M (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years 8. DATE OF BIRTH last birthday) WIDOWED TO DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. fi. Not while at work at work . 19 66 that I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred at 6:30 AM, from the causes and an the date stated abave. alive an ACTUAL D PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Reg. Dist. No.

Months Days

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? usn

INTERVAL BETWEEN ONSET AND DEATH

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ears

PERFORMED? YES NO

(State)

(State)

(County)

YES NO

Year

19 66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or camboal, and in any event, within 72 hours after death.

DIVISION OF STATISTICA	MARYLAND STATE DI	EPARTMENT OF H DS, 301 W. PRESTON S FE OF DEATH	EALTH STREET, BALTIMORE 1, MARYLAND
PLACE DF DEATH a. COUNTY	OLKIIIIOA		Vhere deceased lived, If institution: Residence before

Pocomoke City Life Pocomoke	b. COUNTY Worcester te limits, write RURAL and give nearest town) City e. IS RESIDENCE ON A FARM? et Street YES ND X								
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Pocomoke City Life c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Pocomoke City	te limits, write RURAL and give nearest town) City e. IS RESIDENCE ON A FARM?								
Pocomoke City Lile Pocomoke	e. IS RESIDENCE ON A FARM?								
	e. IS RESIDENCE ON A FARM?								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	1 61 1								
507 Market Street 507 Market									
3. NAME OF First Middle Last 4. DATE DECEASED DF	Month Day Year								
(Type or print) LAWRENCE ROBLEY PARSONS DEATH	October 28 1966								
las	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. t birthday) Months Days Hours Min.								
Male White Widdwed Divorced March 20, 1893 '	73 yrs.								
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR WORKING life, even if retired 10c. KIND OF BUSINESS OR WORKING LIFE COUNTY & State, or for the property of the property	reign country) 12. CITIZEN OF WHAT COUNTRY?								
Superintendent State Park Maryland	USA								
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
Isaac Robley Parsons Anna Belle Mori	ris								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Address								
No - 213-14-6797 Mrs Virginia Parson	n, Pocomoke, Md.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Urenue	several day								
163X DUE TO A	1/ 22/								
(b) Carcinoma, dunas	conditions, if any, which \ (Artinoma duma duma)								
cause (a), stating the DUE TO	gave rise to Immediate cause (a), stating the DUE TO								
underlying cause last. (c) Wiff I Makes, glue	relied								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS	ONGIVEN WART 1(a) 19. WAS AUTOPSY PERFORMED?								
O D D D D D D D D D D D D D D D D D D D	YES NO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	or Part II of Item 18.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City blue) 20f. (City	or town) (County) (State)								
	and or								
21. I certify that (I) (this hospital) attended the deceased from Oct. 14, 1966, to Ch									
saw the deceased alive on OCX. 27 1966, and that death occurred at 22 M, from t	he causes and on the date stated above.								
ATTENDING MED S	TAFF 22b. DATE SIGNED								
22c. PHYSICIAN'S J. 22d. ADDRESS	PHYS. 1061, 19, 1966.								
NAME (Type) Charles W. Trader, M.D., Pocomoke City.	Md.								
23a. BURIAL CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OF CREMETERY OF CR	ON (City, town or county) (State)								
REMOVAL (Specify)	oke City, Maryland								
3	R 25b. REGISTRAR'S SIGNATURE								
Topert V. Wicken Pocomoke City, Md DATE NOV 1	1966 Milarles Judge								
Robert H. Watson									

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14939

1.	PLACE OF OEATI	2302 5 5 100		12/63/24			IOENC	E (Where decease	ed lived, If insti	itution: Res	idence b	efore admission)
	200	rcester	SHEET STATE	MARYL	AND	a. STATE Maryland b. CDUNTY Worcester						
	b. CITY OR TOW	N (if outside corpor and give nearest to	ate limits,	c. LENGTH OF STAY								
		and give nearest to ow Hill (F				Snow Hill (Rugal) 23/						
-		PITAL OR INSTITUT		(ress)	d. STREET ADD		A TTT TT	(Induat)	A.	0	IS RESIDENCE	
				ospital, give street aut	31 (33)	d. STREET ADD		40 P-	07		0.	ON A FARM?
1=		D.#2, Box					L.T).#2, Bo	x 91		YES	NO .
3.	NAME OF OECEASED		First	Middle		Last		4. DATE OF	Month		Day	Year
_	(Type or print)		RRELL	PAUL		TWIGG		DEATH	Oct.	1	7	1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE DE BIRT	TH	9. A	GE (In years III st birthday)	FUNDER 1		
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10	a. USUAL OCCUPAT	IDN (Give kind of wor	kdone 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLA	CE (Co	unty & State, or		12. CITI		WHAT
00	Laborer	ng me, even ir reur	ed) Ir	ADUSTRY		Wordest	tor	County,	Ma	US	NTRY?	
13	. FATHER'S NAM	E				14. MOTHER'S			AVECE .	1 000	n.	
	Paul Twi	ar ar				Tillis	an A	nn Rich	ardeon			
1		VER IN U.S. ARMED F	OPCESS 16	SOCIAL SECURITY NO.	1 17.	INFORMANT	A44 41	dill 101011				
Û	es, no, or unkown)	(If yes give war or dates	of service)	SOCIAL SECORITI NO.		Mrs. Doro	othy	C. Twi	Address	e)		
	No					R.D. #2.	Sno	w Hill.	Md.			
				ne for (a), (b), and (c).	1,	10.4		1.1	erent)	11		AL BETWEEN AND DEATH,
	PART 1. DE	ATH WAS CAUSED B IMMEDIATE CAUSI	Y: F (a)	neu	u	MYOC	We	cuil	Lu 41171	elim		WIN MIN
	4201			0 1					1	-		
	Conditions, If any, which) (b) arterior Schoolic Heart Disease											
	gave rise to		E TO	71300	210	July		(100)	UVI	1000	1	
	cause (a), st underlying caus	acing the				0	P.A.	una			4	20.
S			(c) IONS CDNTRIBU	TING TO DEATH BUT NO	TRFLA	TED TO THE TERM	INAL D	SEASE CONDIT	ION GIVEN IN PA	ART I(a)	119. W	AS AUTDPSY
CERTIFICATION		thelines	4	Man	tr. 1	7) /	cien		11 1 2(0)	PI	RFORMED?
[] 음	202 ACCIDENT	WAS UNDERLYING	1 20b D	I C M	700	COST (Fotos oct				Man 40)	YES	NO X
ERT	DR CDNTRIBUTE	NG TI CAUSE DF DE	AIH	ESCRIBE HOW INJURY	OCCU	KKED. (Enter nat	nrek ot	injury in Part i	or Part II of	item 18.)		
	V.S. ADMINISTRA	IFY MEDICAL EXAM		N/A								
MEDICAL	20c. TIME DF I	NJURY Month, Day,			e. PLAC	E OF INJURY (Ho y, street, office bi	me, far	m, 20f. (City	or town)	(Count	y)	(State)
AED N	p.n		While at work	Not While at work		,,	108.,00		,			
13	21 certify	that (I) (this hos	nital) attende	ed the deceased from	m	Dia	19	65 to_	DOF	19 66	that	(I) (we) last
		eased alive pn	Oct-			death occurred			he causes at			
	22a. SIGNATUR		*4	ACO	u cisuc		-	111, 110111		22b. DATI		
		T	a Vid	Xanl	W D	ATTENDING PHYS.	M	ED.	STAFF	Oct.	19	/1966
	22c. PHYSICIA	v's	-(00111	M.D.	1 22d. ADDRE	SS	IKECIDK [_]	PHYS.	000.	11	71900
	NAME (Ty	pe) Dr. Davi	d Rafat			10/1 N.	Ro	T C+	Snow Hi	11 36	- 1	
23	a BUDIAL CDEM	ATION, 23b. DATE		23c. NAME OF CEM	CTERV		100	y St.,			aryl.	
23	REMDVAL (Spe	clfy)							IDN (City, tow		*	(State)
-	Burial FUNERAL DIREC		20,1966	Mt. Olive	Ce	metery	DEC	Worce	ster Co	unty.	Mar	vland
12			IV SATI	ISBURY, MARI	TT AN	25a.	. KEC	D BY REGISTRA	R 25b. REG	ISTRAK'S S	SIGNATU	IKE
4	1104110113	T & OOMENI	ليلخلاه و ١٧.	DDOLLI MARLI	المستداليل	DAT	E U	1161	30b /	Mary	Cer y	udge.

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